

## **11.0 MEDICAL SURVEILLANCE AND QUALIFICATION**

All PMC and PMC Subcontractor employers participating in hazardous waste operations or emergency response (or if required by Subcontract) shall maintain an adequate medical surveillance program in accordance with 29 CFR 1910.120 or 29 CFR 1926.65 and other applicable OSHA standards. As necessary, the employer shall determine the employee's fitness for duty following an extended absence (e.g. five working days) due to injury, illness, or medical treatment that could affect the workers ability to work safely. Documentation of employee medical qualification (e.g., physician's written opinion) shall be maintained at RMA by the employer (PMC or PMC Subcontractor) and made available for inspection by the PMC or RVO.

### **11.1 Hazardous Waste Operations and Emergency Response**

The PMC or PMC Subcontractor personnel expected to participate in on-site hazardous waste operations or emergency response (or if required by subcontract) at RMA are required to have a current medical qualification for performing this work. Medical qualification shall consist of a qualified physician's written opinion regarding fitness for duty at a hazardous waste site, including, if appropriate, any recommended limitations on the employee's assigned work. **The physician's written opinion shall state whether the employee has any detected medical conditions that would place the employee at increased risk of material impairment of the employee's health from work in hazardous waste operations or emergency response, or from respirator use.**

### **11.2 Job or Site-Specific Medical Surveillance**

Due to the nature of hazards for a particular job or worksite, specialized medical surveillance may be necessary. This surveillance could include biological monitoring for specific compounds (e.g., cholinesterase), specialized medical examinations, or preemployment back evaluations. Job- or site-specific medical surveillance and/or testing requirements shall be specified in the task-specific HASP.

### **11.3 Respirator User Qualification**

Personnel required to wear respirators shall have a current medical qualification to wear respirators. Medical qualification shall consist of a qualified physician's written opinion regarding the employee's ability to safely wear a respirator in accordance with 29 CFR 1910.134.

### **11.4 Hearing Conservation**

Personnel working in hazardous waste operations or operations that fall under 29 CFR 1910.95 and exposed to noise levels in excess of the 85 dBA time-weighted average shall be included in a hearing conservation program that includes annual audiometric testing.

### **11.5 Medical Data Sheet**

A medical data sheet is provided as Figure 11-1. This medical data sheet should be completed by all on-site personnel and maintained at the site. Site workers have the responsibility to disclose to the designated HSS any known allergy or sensitivity, medications, or medical condition that may affect or be aggravated by site work. Where possible, this medical data sheet will accompany an injured or ill worker to the medical facility. The medical data sheet will be maintained in a secure location, treated as confidential, and used only on a need-to-know basis.

**Figure 11-1 Medical Data Sheet**

MEDICAL DATA SHEET		
<p>This Medical Data Sheet should be completed by site personnel and kept in an accessible location during the length of work at Rocky Mountain Arsenal. This data sheet is not a substitute for required medical surveillance or qualifications required for work at the site. Where possible, this data sheet should accompany personnel requiring medical assistance as a means of providing potentially important personal information to medical providers. Return completed form to project safety representative and update this medical data sheet as often as necessary to maintain its accuracy. This includes changes in medication, emergency contacts or allergies and sensitivities.</p>		
Name:		Date:
Address:		Age:
		Height:
Home Telephone:	Work Telephone:	Weight:
Emergency Contact Name and Telephone Number:		
Medications Currently Taking: (both prescribed and over-the-counter medication)		
Known Allergies or Sensitivities (such as allergic reaction to bee stings and food allergies):		
Other Significant Medical Alerts or Precautions:		
Name of Personal Physician:		Telephone No.:
Implementation Project:		Supervisor Name:
Task:		Supervisor Title:
Company/Department:		Telephone Number: